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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

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| Attorney Docket Number | 50164/026004 |
| Applicant | Edward Roydon Jost-Price et al. |
| Title | METHODS AND REAGENTS FOR THE TREATMENT OF DISEASES AND DISORDERS ASSOCIATED WITH INCREASED LEVELS OF PROINFLAMMATORY CYTOKINES |
| PRIORITY INFORMATION: | |
| This application claims the benefit of the filing date of United States provisional patent applications U.S. Serial No. 60/413,040, filed September 24, 2002; U.S. Serial No. 60/417,261, filed October 9, 2002; U.S. Serial No. 60/427,526, filed November 19, 2002; U.S. Serial No. 60/427,424, filed November 19, 2002; and U.S. Serial No. 60/464,753, filed April 23, 2003. | |
| SMALL ENTITY STATUS: | |
| <input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27. | |
| APPLICATION ELEMENTS: | |
| Cover sheet | 1 pages |
| Specification | 92 pages |
| Claims | 11 pages |
| Abstract | 1 pages |
| Drawings | 0 sheets |
| Combined Declaration and Power of Attorney, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application | 4 pages |
| Sequence Statement | 0 pages |
| Sequence Listing on Paper | 0 pages |
| Sequence Listing on Diskette | 0 disk |
| Preliminary Amendment | 0 pages |
| Information Disclosure Statement | 0 pages |
| Form PTO 1449 | 0 pages |
| Cited References | 0 references |
| Recordation Form Cover Sheet and Assignment | 0 pages |
| English Translation | 0 pages |

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|---|---------|
| English Translation | 0 pages |
| Certified Copy of Priority Document | 0 pages |
| Non-publication Request under 35 U.S.C. § 122(b). | 0 pages |
| Request for Deferral of Examination under 37 C.F.R. § 1.103(d) | 0 pages |
| A Small Entity Statement | 0 pages |
| Return Receipt Postcard | 1 |
| FILING FEES: | |
| Basic Filing Fee: \$750/\$375 | \$375 |
| Excess Claims Fee: 77- 20 x \$18/\$9 | \$513 |
| Excess Independent Claims Fee: 15- 3 x \$84/\$42 | \$630 |
| Multiple Dependent Claims Fee: \$280/\$140 | \$0 |
| Total Fees: | \$1518 |
| <input checked="" type="checkbox"/> Enclosed is a check for \$1518.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095. | |
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